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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/024,462	12/17/2001	Aravind Padmanabhan	H0002475 (256.124US1)

000128
HONEYWELL INTERNATIONAL INC.
101 COLUMBIA ROAD
P O BOX 2245
MORRISTOWN, NJ 07962-2245

CONFIRMATION NO. 6183

FORMALITIES LETTER



OC000000007719989

Date Mailed: 03/26/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$222.
 - \$54 for 3 total claims over 20.
 - \$168 for 2 independent claims over 3 .
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 1092.

04/17/2002 H00000079 011125 10024462

01 FC:101	740.00 CH
02 FC:103	54.00 CH
03 FC:102	168.00 CH
04 FC:105	130.00 CH

*A copy of this notice **MUST** be returned with the reply.*

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PART 2 - COPY TO BE RETURNED WITH RESPONSE

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PTO/SB/21 (10-96)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

13

Application Number

10/024,462

Filing Date

12/17/01

First Named Inventor

ARAVIND PADMANABHAN, ET AL

Group Art Unit

2857 CONFIRMATION #6183

Examiner Name

UNKNOWN

Attorney Docket Number

H0002475-02

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment / Response
- ☐ After Final
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☒ Response to Missing Parts/ Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☒ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Checklist and Accompanying Petition
- ☐ To Convert a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer

- ☐ After Allowance Communication to group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Additional Enclosure(s) (please identify below):

Executed Declaration and Power of Attorney

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

KRIS T. FREDRICK
REG. NO. 42,554

Signature

Kris T. Fredrick

Date

4/4/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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SANDY TRUEHART


Signature

Sandy Truehart

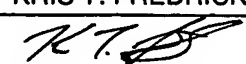
Date

4-5-02

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<div style="text-align: center;">  <p>Patent fees are subject to annual revision.</p> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> TOTAL AMOUNT OF PAYMENT \$ 1132.00 </div>	COMPLETE IF KNOWN	
	Application No.	10/024/462
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <u>01-1125</u></p> <p>Deposit Account Name: <u>Honeywell International Inc.</u></p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR §§1.16 & 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY			Complete (if applicable)	
Name (Print / Type)	KRIS T. FREDRICK	Registration No. (Attorney/Agent)	42,554	Telephone 612/951-7096
Signature		Date 4/4/02		

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